U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

Name GaryE, Weller

1. File Number U -

2561

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01/01/2004 Through: 12/31/2004

4. Name, file number, and address of labor organization.

Name Allied Pilots Association

	Labor Organization File Number 059-849
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1687 Nickerson Way City Arnold	Street 14600 Trinity Boulevard
city Arnold	City Fort Worth
State M) ZIP Code + 4 2/0/3	State Texas ZIP Code + 4 76155-2512
5. Position in labor organization. Committee me	mber
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests islons set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
707 511 5 11 11	
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bidg., Room No., if any	7.b. Amount.

Signature

ZIP Code + 4

15. Signature and verification. The undersigned declares, under penalty of I submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been exami	ined by the signatory and is, to the best of the
Signed Sange Wolk	On <u>8/8/05</u>	410 626 8343 Telephone Number

City

State

<i>e</i> -	
Name of Person Filing Gary E Weller	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Watson Wyatt In Vetment Consulting	1/14/04 Lunch
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 2100	
street 191 N. Wacker Dr	

14.b. Amount of payment.

or Consultant X ?

City

State

Chicago

II

13.b. Is the Business an Employer

38 18

. Held an interest in or derived income or economic benefit with monetary value from a business (1) a ubstantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business f an employer whose employees your labor organization represents or is actively seeking to represent, or 2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise ealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including	trade name, if any).	9. Business deals with:
Name		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City		a. Labor Organization b. Trust c. Employer
State	ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or en	nployer's name.	11.a. Nature of such dealing.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		11.b. Approximate dollar value of such dealing.
City		12.a. Nature of interest held or income received.
State	ZIP Code + 4	·

i.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Itame Segal Co. Irade Name, if any: I.O. Box, Bldg., Room No., if any Suite 500 Itreet 101 N, Wacker Dr Ity Chi Cago	1/14/04 dinner # 115.09 6/8/04 refreshments 6.62 6/8/04 dinner 104.45 8/26/04 dinner 82.88 12/14/04 xmas gift 49.95
itate <i>TL</i> ZIP Code + 4 <i>60606 - 7</i>	77G

12.b. Amount.